



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
3-MEAL MENU TEMPLATE

NAME OF CENTER/FACILITY _____

WEEK OF _____

YEAR _____

| BREAKFAST | DATE | DATE | DATE | DATE | DATE |
|--|------|------|------|------|------|
| Fluid Milk | | | | | |
| Juice, Fruit, or Vegetable | | | | | |
| Grain/Bread | | | | | |
| Other Foods | | | | | |
| LUNCH | | | | | |
| Fluid Milk | | | | | |
| 2 Servings of Different Fruit and/or Vegetables | | | | | |
| | | | | | |
| Grain/Bread | | | | | |
| Meat or Meat Alternate | | | | | |
| Other Foods | | | | | |
| Other Foods | | | | | |
| SNACK AM or PM (Circle) Serve 2 of 4 components | | | | | |
| Fluid Milk | | | | | |
| Juice, Fruit, or Vegetable | | | | | |
| Grain/Bread | | | | | |
| Meat or Meat Alternate | | | | | |
| Other Foods | | | | | |